

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14950

State File No.

BIRTH NO.		REG. DIST. NO. <u>195</u>		PRIMARY REG. DIST. NO. <u>5718</u>		Registrar's No. <u>35</u>	
1. PLACE OF DEATH a. COUNTY <u>McDonald</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-twsp. 21 Range/34</u> c. LENGTH OF STAY (in this place) <u>8 years</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-twsp. 21 Range 34</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Near Southwest City, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Near Southwest City, Mo.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Andrew</u>		b. (Middle) <u>Jackson</u>		c. (Last) <u>Clark</u>	
4. DATE OF DEATH		a. (Month) <u>4-</u>		b. (Day) <u>17-</u>		c. (Year) <u>1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>11-29-1864</u>	
9. AGE (In years last birthday) <u>88</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Lawrence County, Ohio</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Amos Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Engle</u>		14. NAME OF HUSBAND OR WIFE <u>Nancy Viola Clark</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Nancy Viola Clark, Southwest City, Mo</u> ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, athenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SENILITY</u>				ANTecedent CAUSES Ascribed conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension, essential</u> DUE TO (c) <u>None.</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
19a. DATE OF OPERATION <u>None.</u>		19b. MAJOR FINDINGS OF OPERATION <u>None.</u>		21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>			
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None.</u>			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None...</u>				22. I hereby certify that I attended the deceased from <u>1/17/49</u> , 19 <u> </u> , to <u>3/23/53</u> , 19 <u> </u> , that I last saw the deceased alive on <u>3/23/53</u> , 19 <u> </u> , and that death occurred at <u>7:30Pm.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Wm. H. Martin D. O.</u> (Degree or title)		23b. ADDRESS <u>Southwest City, Mo.</u>		23c. DATE SIGNED <u>4/25/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-22-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Southwest City cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Southwest City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-26-53</u>		REGISTRAR'S SIGNATURE <u>Mayma Humphrey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>ER P...</u> ADDRESS <u>Siloam Springs, Ark.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

E. P. Smith

Licensed Embalmer No.

32 11

P. O. Address

Albion, N. Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.